REQUEST TO APPEAR BEFORE THE DURHAM CITY COUNCIL AT THE WORK SESSION

Date: 1 1 24 1 2012
Council Work Session Meeting Date: Feb/ 09 /2012
Name: - (days)
Address: 55 N Ayde Park he
Email address: John, tino Colive.com
Phone number: 919 824 6469 Fax number:
Organization Represented (if any): 6,712en MEC, Durham
Topic: Statement of presentation you wish to make and statement of action you wish
Council to take. Attach additional sheets if necessary.
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session but a tribute to someone as a
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Signature / Wanlew

This form must be returned to the Agenda Coordinator by Monday at 5:00 pm ten days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator City Manager's Office 101 City Hall Plaza Durham, North Carolina 27701 Fax # (919) 560-4949